

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721827

FILED
Apr 22, 2008
Secretary of State

Entity Name: BASCOMB MEMORIAL BROADCASTING FOUNDATION, INC.

Current Principal Place of Business:

4848 SW 74TH CT.
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 558636
MIAMI, FL 33255 US

New Mailing Address:

FEI Number: 23-7412945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, LUIS ESQ.
6401 SW 87 AVE.
STE. 100
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDEZ, LUIS W
Address: 1416 SOROLLA AVE.
City-St-Zip: CORAL GABLES, FL

Title: P () Delete
Name: PERSAUD, CECIL
Address: 11801 SW 207 ST.
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: GUTIERREZ, HECTOR
Address: 6855 QUEEN PALM DR.
City-St-Zip: MIAMI LAKES, FL

Title: S () Delete
Name: TRUJILLO, ARMANDO
Address: 7745 SW 52 CT.
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: PEREZ DAPLE, ALEX
Address: 10044 N. W. 41 ST.
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: LOPEZ, VIVIAM
Address: 6286 S. W. 10 TERR
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: FERNANDEZ, LUIS W
Address: 1416 SOROLLA AVE.
City-St-Zip: CORAL GABLES, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SALAS, MANNY
Address: 5625 SW 108 PL
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL PERSAUD

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date